DELINEATION OF CLINICAL PRIVILEGES - NURSE ANESTHETIST
(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER *(Last, First, MI)*	2. RANK/GRADE	3. FACILITY

INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	APPROVAL CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested *(Justification attached)*	2 - Modification required *(Justification noted)*
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support	5 - Not approved, insufficient facility support

PRIVILEGES

Requested	Approved	
		a. Obtain health history to include both psychosocial and biophysical data.
		b. Conduct physical examination and assessment.
		c. Establish an anesthetic plan and determine that the patient is an appropriate candidate to undergo the planned anesthetic.
		d. Obtain informed consent for anesthetic services.
		e. Administer and/or prescribe P & T Committee approved medications.
		f. Select, prescribe and/or administer medications and treatment modalities related to the perianesthetic care of patients.
		g. Request and evaluate pertinent laboratory tests and appropriate diagnostic studies.
		h. Insert intravenous catheters to include central venous pressure catheters via basilic vein, external jugular vein, internal jugular vein, subclavian vein, or other recognized routes of administration.
		i. Insert intra-arterial catheters.
		j. Insert pulmonary artery catheters.
		k. Utilize all current techniques/devices in physiologic monitoring.
		l. Select and administer anesthetic techniques, medications and adjunctive drugs to include: general anesthesia, sedation, regional and local anesthetic therapeutic and diagnostic techniques. These techniques include but are not limited to spinal, epidural, caudal, brachial plexus, transtracheal, superior laryngeal, femoral sciatic, and retrobulbar blocks.
		m. Perform intratracheal intubation and extubation.
		n. Identify and manage emergency situations including, but not limited to, assessment of adequacy of ventilation, recovery from antagonism of muscle relaxants, narcotics, and other agents, and implement appropriate management techniques.
		o. Recognize abnormal patient response to anesthesia or to adjunctive medication and implement corrective action.
		p. Manage fluid, electrolyte, and blood loss/replacement within an anesthesia plan of care.
		q. Initiate and modify therapies, including drug and pain therapy.
		r. Discharge patients from the post-anesthesia care unit.
		s. Conduct post-anesthesia follow-up and evaluation.
		t. Initiate and direct cardiopulmonary resuscitation (CPR) and advanced cardiac life support (ACLS), as appropriate.
		u. Provide consultation, implementation, and management of respiratory and ventilatory care.

COMMENTS

COMMENTS *(Continued)*

	SIGNATURE OF PROVIDER	DATE *(YYYYMMDD)*

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested ☐   Approval with Modifications *(Specify below)* ☐   Disapproval *(Specify below)* ☐

COMMENTS

DEPARTMENT/SERVICE CHIEF *(Typed name and title)*	SIGNATURE	DATE *(YYYYMMDD)*

SECTION III - CREDENTIALS COMMITTEE RECOMMENDATION

Approval as requested ☐   Approval with Modifications *(Specify below)* ☐   Disapproval *(Specify below)* ☐

COMMENTS

CREDENTIALS COMMITTEE CHAIRPERSON *(Name and rank)*	SIGNATURE	DATE *(YYYYMMDD)*

EVALUATION OF CLINICAL PRIVILEGES - NURSE ANESTHETIST
(For use of this form, see AR 40-68; the proponent agency is OTSG.)

1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EVALUATION (YYYYMMDD)	
		FROM	TO

4. DEPARTMENT/SERVICE	5. FACILITY (Name and Address: City/State/ZIP Code)

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. Obtain health history to include both psychosocial and biophysical data.			
	b. Conduct physical examination and assessment.			
	c. Establish an anesthetic plan and determine that the patient is an appropriate candidate to undergo the planned anesthetic.			
	d. Obtain informed consent for anesthetic services.			
	e. Administer and/or prescribe P & T Committee approved medications.			
	f. Select, prescribe and/or administer medications and treatment modalities related to the perianesthetic care of patients.			
	g. Request and evaluate pertinent laboratory tests and appropriate diagnostic studies.			
	h. Insert intravenous catheters to include central venous pressure catheters via basilic vein, external jugular vein, internal jugular vein, subclavian vein, or other recognized routes of administration.			
	i. Insert intra-arterial catheters.			
	j. Insert pulmonary artery catheters.			
	k. Utilize all current techniques/devices in physiologic monitoring.			
	l. Select and administer anesthetic techniques, medications and adjunctive drugs to include: general anesthesia, sedation, regional and local anesthetic therapeutic and diagnostic techniques. These techniques include but are not limited to spinal, epidural, caudal, brachial plexus, transtracheal, superior laryngeal, femoral sciatic, and retrobulbar blocks.			
	m. Perform intratracheal intubation and extubation.			
	n. Identify and manage emergency situations including, but not limited to, assessment of adequacy of ventilation, recovery from antagonism of muscle relaxants, narcotics, and other agents, and implement appropriate management techniques.			
	o. Recognize abnormal patient response to anesthesia or to adjunctive medication and implement corrective action.			
	p. Manage fluid, electrolyte, and blood loss/replacement within an anesthesia plan of			
	q. Initiate and modify therapies, including drug and pain therapy.			
	r. Discharge patients from the post-anesthesia care unit.			
	s. Conduct post-anesthesia follow-up and evaluation.			
	t. Initiate and direct cardiopulmonary resuscitation (CPR) and advanced cardiac life support (ACLS), as appropriate.			
	u. Provide consultation, implementation, and management of respiratory and ventilatory care.			

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NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE *(YYYYMMDD)*